









PATENT APPLICATION Attorney's Do. No. 6647-3

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DATE OF DEPOSIT: **FEBRUARY 25, 2000**

I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

AMANDA HALE-WISENER (SENDER'S PRINTED NAME)

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventors[or Application Identifier]: Delos C. Jensen and Stephen R. Carter

For: CONSTRUCTION, MANIPULATION, AND COMPARISON OF A MULTI-DIMENSIONAL SEMANTIC SPACE

[If continuing application]. This application is a []	continuation, _	divisional, _	
continuation-in-part of prior application Serial No.	, f	filed	

Enclosures:

 \boxtimes 21 sheet(s) of drawings

Declaration or Combined Declaration and Power of Attorney

Newly executed (original or copy)

Copy from a prior application (37 CFR 1.63(d))

- Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)
- Power of Attorney



\boxtimes	Assignment with cover sheet
	Certified copy of priority document:
	Information Disclosure Statement with Form PTO 1449
	Copies of references listed on attached Form PTO-1449
	Preliminary Amendment
	Change of Address

CLAIMS AS FILED							
For	Number Filed	Number Extra	Rate	Basic Fee \$760.00			
Total Claims	22-20	2	x \$ 18 =	36.00			
Independent Claims	8-3	5	x \$ 78 =	390.00			
Multiple Dependent Claim Fee			x \$260 =				
TOTAL FILING FEE				\$1,186.00			

Cancel in this divisional application original claims				
application Serial No.	before calculating	the filing fee	. (At least one	
original independent claim must be	retained for filing	purposes.)		

- ⊠ A check in the amount of \$1,226.00 to cover ⊠ filing fee and ⊠ assignment recordal fee (\$40) is enclosed.
- Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.

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